UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NUV 12 2008

Section NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR**

Washington, DC UNIFORM LIMITED OFFERING EXEMPTION PROCESSED

✓ NOV 2 1 2008

OMB APPROVAL

OMB Number: 3235-0076 Expires: March 30, 2008 Estimated average burden hours per form.....16.0

SEC USE ONLY					
Prefix	Serial				
DAŢ	E RECEIVED				

			THO	NAS!	ON REUTERS				
Name of Offering (check if this is an	amendment and name has cha	nged, a			/ 1 1 1 1 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 				
Sale and issuance of warrant to purchase Series B Preferred Stock and Common Stock issuable upon conversion thereof									
Filing Under (Check box(es) that apply)	: Rule 504		☐ Rule 505		Rule 506	☐ Section 4(6) 🔲 t	ILOE	
Type of Filing:		×	New Filing			Amendment			
	A. Be	ASIC I	DENTIFICATION	V DAT	Ά				
1. Enter the information requested about	out the issuer								
Name of Issuer (check if this is an ar	nendment and name has chang	ed, and	indicate change.)						
Millennial Media, Inc.									
Address of Executive Offices	(Number and	Street,	City, State, Zip Coc	de)	Telephone Number (I	: 	14 44 114 4 1711 418 11 1 1 71 1		
2400 Boston Street, Suite 301, Baltimor	e, MD 21224				(443) 827-7700				
Address of Principal Business Operation (if different from Executive Offices)		Telephone Number (I							
(ii different from Executive Offices)						0	8064713		
Brief Description of Business Millennial Media, Inc. is a mobile adver	tising company.					-			
Type of Business Organization	• •								
区 corporation	☐ limited partnership, alre	ady for	med			other (please sp	ecify):		
☐ business trust	☐ limited partnership, to b	e forme	ed						
		1	<u>Month</u>	Yea					
Actual or Estimated Date of Incorporation	on or Organization:		05	200	*	Actual	☐ Estimate	ad	
Jurisdiction of Incorporation or Organization	ation: (Enter two-letter U.S.	Postal	Service abbreviation	on for S		Actual	LI ESUMAT	cu	
Table 1	CN for Canada; FN f				v 1111 T 1		DE		

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230,501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Boxes that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner					
Full Name (Last name first, if individual) Elwell, Ron										
	idence Address (Number and enture Partners, 1865 Palmer	Street, City, State, Zip Code) Avenue, Suite 104, Larchmont,	NY 10538							
Check Boxes that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner					
Full Name (Last MacIntosh, Alar	name first, if individual)									
	idence Address (Number and ss Capital, LLC, 3201 Brassfi	Street, City, State, Zip Code) eld Road, Suite 300, Greensbor	ro, NC 27410							
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner					
Markley, Jay D.	name first, if individual)									
	idence Address (Number and apital, 201 North Union Stree	Street, City, State, Zip Code) t, Suite 300, Alexandria, VA 2	2314							
Check Boxes that Apply:	☐ Promoter	■ Beneficial Owner ■ Compare the second of the second o	Executive Officer	☑ Director	General and/or Managing Partner					
Palmieri, Paul	name first, if individual)									
	idence Address (Number and ledia, Inc., 2400 Boston Stree	Street, City, State, Zip Code) at, Suite 301, Baltimore, MD 2	1224							
Check Boxes that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner					
Full Name (Last Zachary, George	name first, if individual)	-								
	idence Address (Number and er Partnership XIII, L.P., 1000	Street, City, State, Zip Code) Winter Street, Suite 3300, Wa	ltham, MA 02451							
Check Boxes that Apply:	☐ Promoter	➤ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner					
	name first, if individual)									
	idence Address (Number and	Street, City, State, Zip Code) et, Suite 301, Baltimore, MD 2	1224							
Check Boxes that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last Eller, Eric	name first, if individual)									
	idence Address (Number and Iedia, Inc., 2400 Boston Stree	Street, City, State, Zip Code) tt, Suite 301, Baltimore, MD 2	1224							
Check Boxes that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner					
Full Name (Last Root, Steve	name first, if individual)									
	idence Address (Number and fedia, Inc., 2400 Boston Stree	Street, City, State, Zip Code) t, Suite 301, Baltimore, MD 2	1224							
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A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check ■ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing ☐ Promoter Box(es) that Partner Apply: Full Name (Last name first, if individual) Bessemer Venture Partners VI, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 1865 Palmer Avenue, Suite 104, Larchmont, NY 10538 Check ☐ Promoter ☐ General and/or Managing ■ Beneficial Owner ☐ Executive Officer ☐ Director Box(es) that Partner Apply: Full Name (Last name first, if individual) Bessemer Venture Partners Co-Investment, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 1865 Palmer Avenue, Suite 104, Larchmont, NY 10538 Check ☐ Promoter Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Box(es) that Partner Apply: Full Name (Last name first, if individual)

☐ Executive Officer

☐ Director

General and/or Managing

Partner

Charles River Partnership XIII, L.P.

Check

Apply:

Box(es) that

1000 Winter Street, Suite 3300, Waltham, MA 02451

201 North Union Street, Suite 300, Alexandria, VA 22314

☐ Promoter

Full Name (Last name first, if individual)
Columbia Capital Equity Partners IV (QP), L.P.

Business or Residence Address (Number and Street, City, State, Zip Code)

Business or Residence Address (Number and Street, City, State, Zip Code)

Beneficial Owner

					В	. INFORM	ATION ÀB	OUT OFFE	RING				
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE. Yes No _x												
2.	2. What is the minimum investment that will be accepted from any individual?												
3.	3. Does the offering permit joint ownership of a single unit?												
4.	solicitation registered	n of purchas with the SE	sers in conne	ction with s a state or s	sales of sec tates, list th	curities in the	ne offering. he broker or	If a person	to be listed	is an associat	ed person or	agent of a l	emuneration for proker or dealer ersons of such a
Full	Name (Las	t name first,	if individual)									
Bus	iness or Re	sidence Add	ress (Number	and Street,	City, State,	Zip Code)					<u> </u>		
Nan	ne of Assoc	iated Broker	or Dealer										
			ed Has Solici k individual !										All States
[AL	l	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	JIDJ
(IL)		[N]	{IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
ĮМТ]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	INDI	[OH]	(OK)	[OR]	[PA]
IRII		[SC]	[SD]	[TN]	[TX]	ועדן	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]
		• •	if individual		<u> </u>		`				<u> </u>		
Bus	iness or Re	sidence Add	ress (Number	and Street,	City, State,	Zip Code)							
Nan	ne of Assoc	iated Broker	or Dealer										
State	es in Which	Person List	ed Has Solic	ited or Inten	ds to Solici	t Purchasers						 	
(Che	eck "All Sta	ites" or chec	k individual :	States)	•••••								All States
JAL	I	[AK]	[AZ]	[AR]	[CA]	(CO)	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
JIL		JINJ	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[M]	[MN]	[MS]	[MO]
IMI	1	[NE]	[NV]	[NH]	[NJ]	NMI	[NY]	[NC]	[ND]	(OH)	[OK]	[OR]	[PA]
IRII		[SC]	[SD]	[TN]	ĮΤΧͿ	[UT]	[VT]	[VA]	[VA]	ĮWVĮ	[WI]	[WY]	[PR]
Full	Name (Las	t name first,	if individual									· · · · · · · · · · · · · · ·	
Bus	iness or Re	sidence Add	ress (Number	and Street,	City, State,	Zip Code)							
Nan	ne of Assoc	iated Broker	or Dealer							. <u></u>	<u></u>		
Stat	es in Whish	Dercon Lin	ed Has Solic	ted or Inter	de to Soliai	Durchasera							
			k individual										All States
[AL		[AK]	[AZ]	[AR]	[CA]	(CO)	(CT)	IDEI	IDCI	[FL]	[GA]	[HI]	ID
ILI IILI		[IN]	IAZ] [IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[DC] [MA]	[MI]	[UA] [MN]	MS	IMOJ
IMI		INE	[NV]	[NH]	[NJ]	[NM]	INY)	INCI	[ND]	IOHI	OK	[OR]	[PA]
-				[NII]			[VT]	[VA]	[VA]	[WV]	WI	[WY]	[PR]
[RI]		[SC]	[SD]	11141	[TX]	[UT]	[4, 7]	[v A J	[* 1/4]	[** *]	1 44 1	1 44 1 1	[7.4]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Aggregate Type of Security Sold Offering Price Debt Equity _____ Common Preferred Convertible Securities (including warrants)..... Partnership Interests Other (Specify _____) Total Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Aggregate Dollar Amount Investors of Purchases \$ 60,000.00 Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Security Sold Type of Offering Rule 505 Regulation A..... Rule 504 Total _____ a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs 冈 Legal Fees Accounting Fees Engineering Fees

Sales Commissions (specify finders' fees separately)

Other Expenses (Identify) Blue Sky Filing fees

Total.....

×

300.00

10,300.00

C. OFFERING PRICE, NUMBER OF I	NVESTORS, EXPENSES AND USE OF PROCEEDS	
 Enter the difference between the aggregate offering price given in response to Part C – Question 4.a. This difference is the "adjusted 		\$49,700,00
 Indicate below the amount of the adjusted gross proceeds to the issuer u If the amount for any purpose is not known, furnish an estimate and payments listed must equal the adjusted gross proceeds to the issuer set it 	check the box to the left of the estimate. The total of the forth in response to Part C - Question 4.b above.	_
	Payment to Officers, Directors, & Affiliates	Payment To Others
Salaries and fees		□ s
Purchase of real estate		□ \$
Purchase, rental or leasing and installation of machinery and equipment	 -	
Construction or leasing of plant buildings and facilities		
Acquisition of other businesses (including the value of securities involved in in exchange for the assets or securities of another issuer pursuant to a merger)		□ s
Repayment of indebtedness		□ s
Working capital	s	≥ \$ 49,700,00
Other (specify):		□ s
		□ s
Column Totals		
Total Payments Listed (column totals added)	x \$	49,700.00
D. FED	DERAL SIGNATURE	
The issuer had duly caused this notice to be signed by the undersigned duly an undertaking by the issuer to furnish to the U.S. Securities and Exchange C	authorized person. If this notice is filed under Rule 505, the	
The issuer had duly caused this notice to be signed by the undersigned duly	authorized person. If this notice is filed under Rule 505, the	n furnished by the issuer to any Date
The issuer had duly caused this notice to be signed by the undersigned duly an undertaking by the issuer to furnish to the U.S. Securities and Exchange (non-accredited investor pursuant to paragraph (b)(2) of Rule 502.	authorized person. If this notice is filed under Rule 505, the Commission, upon written request of its staff, the information	n furnished by the issuer to any
The issuer had duly caused this notice to be signed by the undersigned duly an undertaking by the issuer to furnish to the U.S. Securities and Exchange on non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type)	authorized person. If this notice is filed under Rule 505, the Commission, upon written request of its staff, the information	n furnished by the issuer to any Date
The issuer had duly caused this notice to be signed by the undersigned duly an undertaking by the issuer to furnish to the U.S. Securities and Exchange onn-accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) Millennial Media, Inc.	authorized person. If this notice is filed under Rule 505, the Commission, upon written request of its staff, the information Signature	n furnished by the issuer to any Date
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ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STAT	E SIGNATURE						
١.	Is any party described in 17 CFR 230.262 presently subject to any of the dis	qualification provisions of such rule?	Yes	No 🗷				
	See Appendix, Col	umn 5, for state response.						
2.	D (10 OTD 200 FOX)							
3.	The undersigned issuer hereby undertakes to furnish to any state administrat	ors, upon written request, information furnished by the issuer to o	fferees.					
4.								
	e issuer has read this notification and knows the contents to be true and has son.	duly caused this notice to be signed on its behalf by the unders	igned duly	authorized				
Iss	er (Print or Type)	Signarûje /	Date					
Millennial Media, Inc.		November <u>10</u>						
Na	ne (Print or Type)	Title (Print or Type)						
Paul Palmieri Chief Executive Officer and President								

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

END